

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2004 8:00 am
Secretary of State

03-10-2004 90021 006 ***150.00

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1. Entity Name
PROVIDIAN BANCORP SERVICES, INC.



Principal Place of Business
PROVIDIAN BANCORP SERVICES, INC.
201 MISSION STREET, 28TH FLOOR
SAN FRANCISCO, CA 94105

Mailing Address
PROVIDIAN BANCORP SERVICES, INC.
201 MISSION STREET, 28TH FLOOR
SAN FRANCISCO, CA 94105

2. Principal Place of Business
Providian Financial Corporation

3. Mailing Address

Suite, Apt. #, etc.
201 Mission St., 28th Floor

Suite, Apt. #, etc.

City & State
San Francisco CA

City & State

Zip
94105

Country

Zip

Country

02052004

Chg-P

CR2E034 (10/03)

4. FEI Number
94-3055127

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPCE SAUNDERS, JOSEPH W 201 MISSION ST 28TH FL SAN FRANCISCO, CA 94105	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GLEASON, SUSAN 201 MISSION ST 28TH FIR SAN FRANCISCO, CA 94105	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFOC VUOTO, ANTHONY 201 MISSION ST, 28TH FLOOR SAN FRANCISCO, CA 94105	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCGS RICHEY, MARY ELLEN 201 MISSION ST 28TH FL SAN FRANCISCO, CA 94105	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAS ROJAS, DAYSI 201 MISSION ST 28TH FL SAN FRANCISCO, CA 94105	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SPVT LAIDERMAN, RICHARD 201 MISSION ST 10TH FIR SAN FRANCISCO, CA 94105	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11*

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Chairman, & CEO Joseph Saunders 201 Mission St., 28th Floor San Francisco, CA 94105	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice Chairman, Operations & Tech. Susan Gleason 201 Mission St., 28th Floor San Francisco, CA 94105	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice Chairman & CFO Anthony Vuoto 201 Mission St., 28th Floor San Francisco, CA 94105	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice Chairman, ERM, General Counsel & Secretary Ellen Richey 201 Mission St., 28th Floor San Francisco, CA 94105	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President & Asst. Secretary Daysi Rojas 201 Mission St., 28th Floor San Francisco, CA 94105	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Executive Vice President & Treasurer Richard Laiderman 201 Mission Street, 28th Floor San Francisco, CA 94105	☒ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Daysi Rojas **Daysi Rojas, Vice President & Asst. Secretary** **3/5/2004 (415) 278-4744**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #